

Williamson County Benefits Department  
Credit/Debit Authorization Form  
For Retiree Insurance Premiums

Retiree Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: Daytime: \_\_\_\_\_ Cell: \_\_\_\_\_

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings\* (Circle One) Account Number: \_\_\_\_\_

Date of Deduction Each Month: \_\_\_\_\_ 1<sup>st</sup> OR \_\_\_\_\_ 15<sup>th</sup>

\_\_\_\_\_ Check here if this is your initial request for Credit/Debit Authorization

\_\_\_\_\_ Check here if this is a change. Verify old account number: \_\_\_\_\_

**Please mail this form with a voided check to:**

**Williamson County Benefits Department  
Attn: Laurie Gulan  
1320 West Main Street, Suite 204 B  
Franklin, TN 37064**

I (we) hereby authorize WILLIAMSON COUNTY GOVERNMENT to initiate a Charge or Credit entry to my (our) checking/savings account at the Financial Institution indicated above, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Authorized Account Signature

\_\_\_\_\_  
Date

**\*For Savings Account enclose a Savings Withdrawal Slip**